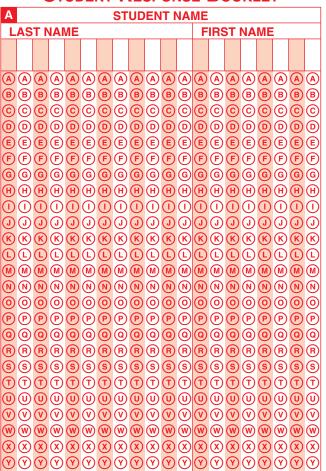
MONTANA COMPREHENSIVE ASSESSMENT SYSTEM (MONTCAS, Phase 2)

CRT AND CRT - ALTERNATE
SPRING 2007 GRADE 4
STUDENT RESPONSE BOOKLET



22222222222222222



TUDENT NAME.	
STUDENT NAME:	
FEACHER NAME:	

_	• • •	OC E(S	_
0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0103456

8888

9999

С	FORM (COVER OF TEST BOOKLET)
1	234567891011213141516

D LOCAL STUDENT IDENTIFICATION (Optional)									
0	0	0	0	0	0	0	0	0	0
1	1	1	①	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

-									
E				STA	ATE				
ST	UE	E	T	IDE	EN٦	ΠFI	CA	TIC	NC
			(F	eq.	uire	ed)			
			Ė						
<u></u>	0								
9	9	W	9	_	0	W	_	W	0
(1)	(1)	(1)	(1)	(1)	1	(1)	(1)	(1)	(1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	(3)
4	4	4	4	4	4	4	4	4	4
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

F	E	3IR	TH	D/	ATE		
MOI	HTV	D/	4Y		ΥE	AR	
0 1	0 1 2 3 4 5 6 7 8 9	0 1 2 3	0 1 2 3 4 5 6 7 8 9	1	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

STUDENT ID LABEI

Complete page 1 only if there is no bar code label for the student.



Complete appropriate sections of this page after testing is complete.

Section 1: Required only for public schools and private schools accredited by the Montana Board of Education. **TO BE COMPLETED BY SCHOOL TEST COORDINATOR.**

 Student not enrolled (For example: homeschooled student) Former LEP (cannot be current LEP) Student enrolled less than 180 hours <u>and</u> taking a reading or mathematics course. Student not in school entire academic year Student not in district entire academic year Student participated through alternate assessment this year.

Section 2: Required only for public schools and private schools accredited by the Montana Board of Education. **TO BE COMPLETED BY THE TEST ADMINISTRATOR.**

H STAND	DARD ACC	OMMODAT	IONS-REA	ADING
(Mark a	all that apply.)		
O 1	O 7	O 13	O 19	O 25
O 2	8	O 14	O 20	O 26
○ 3	O 9	O 15	O 21	O 27
O 4	O 10	O 16	O 22	O 28
O 5	O 11	O 17	O 23	O 29
O 6	O 12	O 18	O 24	
NON	-STANDAR	D ACCOM	MODATIO	NS
○ 30	○ 31	○ 32	○ 33	

I STAND	ARD ACC	OMMODAT	IONS-MA	THEMATICS
(Mark a	all that apply.)		
\bigcirc 1	O 7	O 13	O 19	O 25
O 2	8 🔾	O 14	O 20	O 26
○3	O 9	O 15	O 21	O 27
O 4	O 10	O 16	O 22	O 28
O 5	O 11	O 17	O 23	O 29
\bigcirc 6	O 12	O 18	O 24	
NON	-STANDAR	D ACCOM	MODATIO	NS
\bigcirc 30	○ 31	○ 32	\bigcirc 33	

Section 3: Only for private schools not accredited by the Montana Board of Education.

J	GEN	DER
	O Female	O Male

K ETHNICITY
(Mark only one.)
O American Indian
or Alaska Native
○ Asian
O Hispanic
O Black or African American
Native Hawaiian
or Other Pacific Islander
O White

L	PROGRAM INFORMATION
	(Mark all that apply.)
	SE (student has an IEP)
	O 504
	○MG
	○ GT
	○ LEP/ELL (Cannot be former LEP)
	O Former LEP (Cannot be current LEP)
	○ F/RL
	O Significant Cognitive Disability
	(Student should participate through
	CDT ALT)